

Entry Blank—Please Type or Print

upper spec

☐ Ms./Artist

☒ Mr./Artist DOUGLAS UTTER

(last name last)

Permanent Address 3155 E. OVERLOOK RD., CLEVE. HTS.

Street City

44118

Daytime Tel. (216) 321-6570

Zip

area

Temporary or Studio Address 2570 Superior Ave. Cleveland

Street City

44114

Daytime Tel. (~~216~~) ~~575~~ 0202

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county were you born? _____

Collaborator (if any) _____

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City State Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature *Douglas Utter*

I have received the unsold/unaccepted object(s) in good condition.

Signature *Douglas Utter*

Entry Blanks

A

☒ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

Paint on Canvas

MIXED MEDIA

Title

CLINAMEN

Price or NFS

\$5,000.00

Insurance Value
if NFS Only

Size

73½"/72"
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED	DO NOT WRITE IN THIS SECTION (1)-81 <i>7 1a ph</i>	ACCEPTED
X		X
NOT ACCEPTED		NOT ACCEPTED

B

☒ Paintings
☐ Sculpture

☐ Graphics
☐ Crafts

☐ Photography
(specify category)

Materials used (media):

Paint & Chalk on Canvas

MIXED MEDIA

Title

LUNAR PARAPHRASE

Price or NFS

\$5,000.00

Insurance Value
If NFS Only

Size

74"/72"
height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in
Edition

Price of Print
Unframed

Price of
Frame Only

ACCEPTED	DO NOT WRITE IN THIS SECTION (1)-82 <i>7 2a ph</i>	ACCEPTED	REC'D
X			
NOT ACCEPTED		NOT ACCEPTED	DATE
		X	

Detach entire portion along dotted line and submit with slides, but retain tags

To _____

Date _____ Time _____

WHILE YOU WERE OUT

Mr. Wong Utter

of _____

Phone 321- 6570

☐

TELEPHONED

☒

PLEASE CALL

☐

CALLED TO SEE YOU

☐

WILL CALL AGAIN

☐

WANTS TO SEE YOU

☐

RUSH

Message Will be out of town on

the 7th - will be back

on the 11th.

Operator